ANNUAL REPORT OF WORKERS' COMPENSATION COSTS

FOR CALENDAR YEAR _____

1. EMPLOYER INFORMATION Account # Name: Address: City, St., Zip: Contact Person: Phone #:	2. INSURANCE COMPANY INFORMATION Account # Name: Address: City, St. Zip: Contact Person: Phone #:		
Fed EIN: Phone Number:			
Coverage Provided: Self-insured / Excess Insurance Conventional Workers' Compensation Policy Combination of Insurance Policies [R.S. 23:1168(A)(2)]			
4. COSTS INCURRED DURING THE CALENDAR YEAR (See Instruction	ns)		
	Paid by Employer	Paid by Insurance	
A. Indemnity Benefits:			
Temporary Total			
Supplemental Earnings			
3. Permanent Partial			
4. Permanent Total			
5. Death Benefits			
6. Other Compensation			
TOTAL INDEMNITY BENEFITS			
B. TOTAL COMPROMISE/LUMP SUM SETTLEMENTS:			
C. Medical Expenses:			
1. Hospital			
2. Physicians			
Diagnostic Tests/Procedures			
Prescription Drugs			
5. Transportation			
Independent Medical Exams			
7. Physical/Occupational Therapy			
8. Other			
TOTAL MEDICAL EXPENSES			
D. Rehabilitation Expenses			
Vocational Rehabilitation			
Labor Market Surveys			
3. Evaluations			
4. Other			
TOTAL REHABILITATION EXPENSES			

		Paid by Employer	Paid by Insurance
E. TOTAL	FUNERAL EXPENSES		
F. Legal Expenses			
	1. Attorney Fees		
	2. Court Costs		
	3. Deposition Costs		
	4. Investigation Costs		
	5. Penalties and Interest		
	6. Administrative/Other Costs		
	TOTAL LEGAL EXPENSES		
G. Cost S	ummary		
	Total Indemnity Benefits (ITEM A)		
	Total Compromise/Lump Sum Settlements (ITEM B)		
	3. Total Medical Expenses (ITEM C)		
	4. Total Rehabilitation Costs (ITEM D)		
	5. Total Funeral Expenses (ITEM E)		
	3rd Party Recoveries for Costs (not included above)		
	7. Total Assessable Costs (1+2+3+4+5-6)		
	8. Total Legal Expenses (ITEM F)		
	9. TOTAL WORKERS' COMPENSATION COSTS		
H. Numbe	of Claims Summary		
	Carried over from prior year		
	2. Opened during current year		
	3. Closed during current year		
	4. Open at year end (1 + 2 - 3)		
	5. Total Medical only claims		
I. OPEN F	RESERVE CLAIMS (at year end) Number		
	Amount		
Workers' (ne amount of compensation benefits paid will be used by the D Compensation Office under the provisions of Act 29, 1983, R.S records only with the names of employers and carriers being of	i. 23:1291.1 All other informati	ion submitted will be used for
FOR OFFI	CIAL USE ONLY	I certify that the information contained herein is true and correct to the best of my knowledge and belief.	
		Signature	Date

RETURN TO: ATTN: BETTY CLARY OFFICE OF WORKERS' COMPENSATION P.O BOX 94040 BATON ROUGE, LA 70804-9040 (225) 342-7585 (PHONE) (225) 342-7578 (FAX)